



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

NISAL CORP
PO BOX 24809
HOUSTON TX 77029

Respondent Name

TEXAS MUTUAL INSURANCE CO

Carrier's Austin Representative Box

Box Number 54

MFDR Tracking Number

M4-12-0165-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "According to RULE §134.60(p) 'Non-emergency health care requiring preauthorization includes...(7) all psychological testing and psychotherapy, repeat interviews, and biofeedback, except when any service is part of a preauthorized or Division exempted return-to-work rehabilitation program.' Therefore, an initial psychological interview (Initial Mental Health Evaluation) does not require pre-authorization." "Please be advised that this patient was in a pre-authorized or Division exempted return-to-work rehabilitation program, therefore preauthorization for the repeat interview was not required."

Amount in Dispute: \$710.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Rule 134.600(p)(7), all psychological testing and psychotherapy, repeat interviews, and biofeedback, except when any service is part of a preauthorized or Division exempted return-to-work rehabilitation program, applies to this dispute." "The healthcare provider who conducted the interview and testing of 3/18/11 on behalf of Nisal Corp. was Dr. G. Grimes, Ph.D." "Dr. Grimes billed Texas Mutual a psychiatric diagnostic interview, code 90801, for date of service 6/22/09. (Attachment 1)" "Dr. Grimes billed Texas Mutual psychological testing, code 96101, for date of service 9/17/09. (Attachment 2)" "Given the requirements of 134.600(p)(7) the requestor was obligated to obtain preauthorization for the psychiatric diagnostic interview and psychological testing. Texas Mutual reviewed its claim file and found no preauthorization request from the requestor for these services." "Codes 90887 and 90889 were also billed 3/18/11. Medicare has designated these codes with a 'B' modifier, which means they are also bundled to another code and never paid separately. (Attachment 3)" "The requestor in part stated in its 9/14/11 Position Statement '...Please be advised that this patient was in a pre-authorized or Division exempted return-to-work rehabilitation program, therefore preauthorization for the repeat interview was not required...(See requestor's DWC-60 packet).' "Just for the record, Texas Mutual reviewed all its medical billing in claim file 99K000056157702 and found no billing from

3/1/11 through 4/1/11 from the requestor or anyone else for a Division exempted return-to-work rehabilitation program. This is confirmed as well by the reason for the referral as given by Dr. Grimes in the interview. Again, preauthorization was required but not obtained. No payment is due.”

Response Submitted by: Texas Mutual Insurance Co., 6210 E. Hwy.90, Austin, TX 78723

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 18, 2011	Psychological Services – CPT Code 90801, 90887, 90889, 96101	\$710.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers’ Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.203, titled *Medical Fee Guideline for Professional Services*, effective March 1, 2008, sets the reimbursement guidelines for the disputed service.
3. 28 Texas Administrative Code §134.600, requires preauthorization for specific treatments and services.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated May 18, 2011

- CAC-197-Precertification/Authorization/Notification absent.
- CAC-97-The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
- 284-No allowance was recommended as this procedure has a Medicare status of ‘B’ (Bundled).
- 930-Pre-authorization required, reimbursement denied.

Issues

1. Did the disputed psychiatric interview, CPT code 90801 require preauthorization? Is the requestor entitled to reimbursement?
2. Did the disputed psychological services, CPT code 96101 require preauthorization? Is the requestor entitled to reimbursement?
3. Did the respondent support position that CPT codes 90887 and 90889 are bundled procedures? Is the requestor entitled to reimbursement?

Findings

1. The insurance carrier denied reimbursement for the disputed psychiatric interview, code 90801, based upon “CAC-197-Precertification/Authorization/Notification absent,” and “930-Pre-authorization required, reimbursement denied.”

28 Texas Administrative Code §134.600(p)(7) states “Non-emergency health care requiring preauthorization includes: (7) all psychological testing and psychotherapy, repeat interviews, and biofeedback, except when any service is part of a preauthorized or Division exempted return-to-work rehabilitation program.”

The requestor states in the position summary that “According to RULE §134.60(p) ‘Non-emergency health care requiring preauthorization includes:...(7) all psychological testing end psychotherapy, repeat interviews, and biofeedback, except when any service is part of a preauthorized or Division exempted return-to-work rehabilitation program.’ Therefore, an initial psychological interview (Initial Mental Health Evaluation) does not require pre-authorization.”

The respondent states in the position summary that “Dr. Grimes billed Texas Mutual a psychiatric diagnostic interview, code 90801, for date of service 6/22/09. (Attachment 1)” In addition the respondent stated that “Just for the record, Texas Mutual reviewed all its medical billing in claim file 99K000056157702 and found no billing from 3/1/11 through 4/1/11 from the requestor or anyone else for a Division exempted return-to-work

rehabilitation program. This is confirmed as well by the reason for the referral as given by Dr. Grimes in the interview. Again, preauthorization was required but not obtained. No payment is due."

Review of the submitted documentation finds that the requestor did not submit documentation to support that the claimant was in a Division exempt return-to-work program or that preauthorization was obtained for the disputed psychiatric interview coded 90801. The respondent submitted a bill and EOB that supports position that a psychiatric interview was performed by Dr. Grimes on June 22, 2009. Therefore, preauthorization was required for CPT code 90801. As a result, the insurance carrier's EOB denial of "CAC-197" and "930" is supported and no reimbursement is recommended.

2. The insurance carrier denied reimbursement for the disputed psychological services, coded 96101, based upon "CAC-197-Precertification/Authorization/Notification absent," and "930-Pre-authorization required, reimbursement denied."

The requestor states in the position summary that "According to RULE §134.60(p) 'Non-emergency health care requiring preauthorization includes...(7) all psychological testing and psychotherapy, repeat interviews, and biofeedback, except when any service is part of a preauthorized or Division exempted return-to-work rehabilitation program.' "Please be advised that this patient was in a pre-authorized or Division exempted return-to-work rehabilitation program, therefore preauthorization for the repeat interview was not required."

The respondent states in the position summary that "Dr. Grimes billed Texas Mutual psychological testing, code 96101, for date of service 9/17/09. (Attachment 2)" In addition the respondent stated that "Just for the record, Texas Mutual reviewed all its medical billing in claim file 99K000056157702 and found no billing from 3/1/11 through 4/1/11 from the requestor or anyone else for a Division exempted return-to-work rehabilitation program. This is confirmed as well by the reason for the referral as given by Dr. Grimes in the interview. Again, preauthorization was required but not obtained. No payment is due."

Review of the submitted documentation finds that the requestor did not submit documentation to support that the claimant was in a Division exempt return-to-work program or that preauthorization was obtained for the disputed psychological services coded 96101. The respondent submitted a bill and EOB that supports position that psychological testing and services, coded 90807, 96101, 90887-59 and 90889-59 were performed by Dr. Grimes on September 17, 2009. Therefore, preauthorization was required for CPT code 96101. As a result, the insurance carrier's EOB denial of "CAC-197" and "930" is supported and no reimbursement is recommended.

3. The insurance carrier denied reimbursement for the disputed psychological services, coded 90887 and 90889 based upon "CAC-97-The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated," and "284-No allowance was recommended as this procedure has a Medicare status of 'B' (Bundled)."

Per 28 Texas Administrative Code §134.203(a)(5) "Medicare payment policies" when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare."

Per 28 Texas Administrative Code §134.203(b)(1) "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

According to Medicare policy, CPT codes 90887 and 90889 are status "B" codes. The policy states "Payment for covered services are always bundled into payment for other services not specified. There will be no RVUs or payment amounts for these codes and no separate payment is ever made. When these services are covered, payment for them is subsumed by the payment for the services to which they are incident (an example is a telephone call from a hospital nurse regarding care of a patient)."

The Division finds that per Medicare policy the insurance carrier's denial based upon bundled service was appropriate. Reimbursement is not recommended for CPT codes 90087 and 90889.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is 0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

01/09/2012

Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.